Agency Name	Date Stamp	California O O O	
County of Los Angeles			Form OUZ
Division, Department, or Region (if applicable)			For Official Use Only
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		Amendment (Must Prov	ide Explanation in Part 3.)
Area Code/Phone Number E-mail			ac Explanation III on o.,
213.974.4111 mmoret@bos	s.lacounty.gov	Date of Original Filing:	(month, day, year)
Function or Event Information			***************************************
Does the agency have a ticket policy?	Yes⊠ No ☐ Fac	e Value of Each Ticket/Pass \$ $\frac{45}{}$	<del></del>
Event Description: Dodgers		e(s) 3 / 29 / 18	,
Provide Tit	le/ Explanation	e(s)	
Ticket(s)/Pass(es) provided by agency?	Yes □ No ☑ If no	o: Dodgers	
		Name of Source	
Was ticket distribution made at the behest of agency official?	Yes ☐ No 🗵 If ye	Official's Name (Last, First)	
Recipients  • Use Section A to identify the agency's department or		etic - individual at the Contine Carlidantic	
ose Section A to identify the agency's department or	Number	tilly an individual. • One Section C to identify	an outside organization.
A. Name of Agency, Department or Unit Staff	of Ticket(s)/ Passes	Describe the public purpose made pursua	ant to the agency's policy
Stall	2	er ticket policy 5.3 (k)	
B. Name of Individual	Number of Ticket(s)/	Identify one of the folk	owing:
(Last, First)	Passes		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describ	Income ( ne below:
			ne below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" descrit  Ceremonial Role	ne below:  Income
	of Ticket(s)/	If checking "Ceremonial Role" or "Other" describ Ceremonial Role  Other  If checking "Ceremonial Role" or "Other" describ	ne below: Income
	of Ticket(s)/	If checking "Ceremonial Role" or "Other" describ Ceremonial Role  Other  If checking "Ceremonial Role" or "Other" describ	ne below: Income
Verification  I have read and understand FPPC Regulations	of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" descrit  Ceremonial Role	fncome for below:
Verification	of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" descrit  Ceremonial Role	fncome below:  int to the agency's policy

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodgers Date(s) 3 30 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other \_\_\_ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Îth th<del>e r</del>equirements Megan Moret Ticket Administrator 5/11/18 Print Name Signature of Agency Head or Designee Title (month, day, year) Comment: FPPC Form 802 (2/2016) **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Dodgers Date(s) 3 31 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income \_\_\_ Ceremonial Role Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

	•		
/erification		4-	
have read and understand FPPC Regul	lations 18944.1 and 18942. I have  Megan Moret	verified that the distribution set forth a  Ticket Administrator	above, is in accordance 5/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
			FPPC Form 802 (2/2016

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes⊠ No 🗆 Date(s) 4 Event Description: Dodgers Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \_\_\_ Income ... If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income [ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 5/11/18 Print Name Title (month, day, year)

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	A	Public Document	
***	Agency Name				Date Stamp		
	County of Los Angeles					Form 802	
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only	
	First District, Board of Supe	rvisors					
	Designated Agency Contact	(Name, Title)			-		
	Megan Moret, Ticket Admin	istrator					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
	213.974.4111	mmoret@bos.lacoi	unty.gov		Date of Original Filing:		
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	ace Value of	Each Ticket/Pass \$ 45			
Event Description: Dodgers			<del>-</del>		<u>, 10 , 18</u>		
	Event Description,	nation	Jate(s)				
	Ticket(s)/Pass(es) provided	by agency? Yes	□No⊠□	f no: Dodgers	***************************************		
	AAT - Cod on the Co.		1.	r	Name of Source		
	Was ticket distribution made	e at the benest Yes	□ No 🗵 🍴	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an indivi	dual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
	Staff		2	Per ticket po	olicy 5.3 (k)		
		Number					
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the fol	lowing:	
					nonial Role  Other  Oth	Income	

. Verification			
	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
with the requirements.			r
	Megan Moret	Ticket Administrator	5/11/18
Signature of Agendy Head of Designee	Print Name	Title	(month, day, year)
Comment:			

Number of Ticket(s)/ Passes

Name of Outside Organization

(include address and description)

C.

Ceremonial Role

Income \_\_\_

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

5 · · · · 5 · · · ·   · · · · · · · · ·		
Ceremonial Role Events	and Ticket/Pass	<b>Distributions</b>

**A Public Document** 

1.	Agency Name					Date Stamp	California Q02
	County of Los Angeles						Form OU4
	Division, Department, or Rec	jion (if applicable)		***************************************			For Official Use Only
	First District, Board of Supe						
	<b>Designated Agency Contact</b>	•		,			
	Megan Moret, Ticket Admin	istrator				Amendment /Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	213.974.4111	mmoret@bos.	.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		. :			
	Does the agency have a tic	ket policy?	Yes 🛚	No □	Face Value of I	Each Ticket/Pass \$ $\frac{4}{}$	5
	Event Description: Dodgers				Date(s)4		
	Event Description:	Provide Title	/ Explan		Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes [	] No 🗵	If no: Dodgers		
						Name of Source	
	Was ticket distribution made	at the behest	Yes [	] No 🛛 🤚	If yes:	Official's Name (Last, First)	
	of agency official?					,	
3.	• Use Section A to identify the ager  A. Name of Agency, Department		nit. • U	Jse Section B to  Number  of Ticket(s)/			ntify an outside organization.
				Passes			rought to the agency a policy
	Staff	Staff		2	Per ticket po	licy 5.3 (k)	
	B. Name of Ind			Number of Ticket(s)/ Passes		Identify one of the	following:
					1	onial Role Other I ing "Ceremonial Role" or "Other" de	
	· · · · · · · · · · · · · · · · · · ·					onial Role Other Other or "Other" de	
	C. Name of Outside O	_		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
		. ,					
 L	Verification		J				
	I have read and understand FP with the requirements.	PC Regulations 1	8944.1	and 18942.	I have verified ti	hat the distribution set f	orth above, is in accordance
			Mega	n Moret		Ticket Administrator	5/11/18
	Signature of Agency Head or Design	ee		t Name		Title	(month, day, year)
	Comment:						

Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions	
				the second secon	the state of the s	

	<b>m</b>			_			
А	ИH	n	IC.	IJO	CH	me	nt

County of Los Angeles  Division, Department, or Region (if applicable)  First District, Board of Supervisors  Designated Agency Contact (Name, Title)  Megan Moret, Ticket Administrator  Area Code/Phone Number  213.974.4111  The moret@bos.lacounty.gov  Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{2}  Event Description: \frac{Dodgers}{Provide Title/ Explanation}  Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{2}  Event Description: \frac{Dodgers}{Provide Title/ Explanation}  Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{2}  Event Description: \frac{Dodgers}{Provide Title/ Explanation}  Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{2}  Form CV2  For Official Use Only  For Official Use Onl	1. A	Agency Name				Date Stamp	California OOO				
First District, Board of Supervisors   Designated Agency Contact (Name. Title)   Megan Moret   Ticket Administrator   Area Code/Phone Number   E-mail   mmoret@bos.lacounty.gov   Date of Original Filing:				·	Form OUZ						
Designated Agency Contact (Name, Tible)   Megan Moret, Ticket Administrator   Amendment (Mast Provote Explanation in Part 3.)   Date of Original Filing:	D	ivision, Department, or Regi	on (if applicable)	·	1	For Official Use Only					
Amendment (Must Provide Explanation in Part 3)   Date of Original Filing:   [month, day, year]	F	irst District, Board of Super	visors								
Area Code/Phone Number   E-mail	D	esignated Agency Contact (	Name, Title)								
Date of Original Filing:	M	legan Moret, Ticket Adminis	strator			Form For Official Use Only  Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: (month, day, year)  ach Ticket/Pass \$ 45  13					
Function or Event Information   Does the agency have a ticket policy?   Yes \( \triangle \)   No \( \triangle \)   Face Value of Each Ticket/Pass \( \frac{45}{2} \)   13  18	Ā	rea Code/Phone Number	E-mail			Amendment (Must.	⊢roviae Explanation in Part 3.)				
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{25}\$  Event Description: \( \frac{Dodgers}{25} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Event Description: \( \frac{Dodgers}{25} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Date(s) \( \frac{4}{3} \) \( \frac{13}{3} \) \( \frac{18}{35} \)  Describe the public purpose made pursuant to the agency's policy of tickets of t	2	13.974.4111	mmoret@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)				
Event Description: Dodgers	2. F	unction or Event Inforr	nation								
Event Description: Dodgers	D	oes the agency have a tick	et policy?	∕es⊠ No∏ F	ace Value of	Each Ticket/Pass \$ 4	5				
Ticket(s)/Pass(es) provided by agency? Yes No In no: Dodgers  Was ticket distribution made at the behest Yes No If no: Official's Name of Source  Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First)  Recipients  - Use Section A to identify the agency's department or unit.  - Use Section B to identify an individual.  - Use Section A to identify an outside organization.  - Name of Agency, Department or Unit  - Number of Ticket(s)  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - Describe the public purpose made pursuant to the agency's policy Passes  - Ceremonial Role Other Number of Ticket(s)  - Passes  - Ceremonial Role Other Number of Ticket(s)  - Income Official's Name of Outside Organization of Ticket(s)  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - Describe the public purpose made pursuant to the agency's policy Passes  - Ceremonial Role Other Number of Ticket(s)  - Per ticket(s)  - Pe	<b>=</b>	vent Description, Dodgers									
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Dodgers  Name of Source  Was ticket distribution made at the behest Yes  No  If yes:	_	vent Description.	Provide Title/	Explanation	∍aιe(s)'	1					
Was ticket distribution made at the behest Yes  No  If yes: Official?    No	T	icket(s)/Pass(es) provided t			f no: Dodgers						
Recipients  - Use Section A to identify the agency's department or unit.  - Use Section B to identify an individual.  - Use Section C to identify an outside organization.  - Name of Agency, Department or Unit  - Staff  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - B. Name of Individual (Last, First)  - Recipients  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - Recipients  -											
Recipients  - Use Section A to identify the agency's department or unit.  - Use Section A to identify the agency's department or unit.  - Use Section A to identify an outside organization.    A.   Name of Agency, Department or Unit   Number of Ticket(s)   Describe the public purpose made pursuant to the agency's policy			at the behest	∕es 🔲 No 🗵 🤚	t yes:	Official's Name (I ast Firet)					
Use Section A to identify the agency's department or unit.   Use Section B to identify an individual.   Use Section C to identify an outside organization.	(	of agency official?				Simona o Hanno (Edat, 1 Hat)					
Use Section A to identify the agency's department or unit.   Use Section B to identify an individual.   Use Section C to identify an outside organization.		Recipients			<del></del>						
A. Name of Agency, Department or Unit    Number of Ticket(s)   Per ticket public purpose made pursuant to the agency's policy		<del>-</del>	v's department or on	it. • Use Section B to	identify an individ	ual. • Use Section C to idea	itify an outside organization				
A. Name of Agency, Department or Unit   Passes   Describe the public purpose made pursuant to the agency's policy    Staff   2   Per ticket policy 5.3 (k)    B. Name of Individual (Last. First)   Number of Ticket(s)/ Passes   Ceremonial Role   Other   Income    If checking "Ceremonial Role" or "Other" describe below:    Commonial Role   Other   Income			<u> </u>								
B. Name of Individual (Last, First)    Resease   Ceremonial Role   Other   Income		A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy				
B. Name of Individual (Last, First)    Number of Ticket(s)/ Passes	•	Staff		rasses	Per ticket no	licv 5.3 (k)	X 1				
B. Name of Individual (Last, First)				2	1	, 5.5 ()					
B. Name of Individual (Last, First)	•										
B. Name of Individual (Last, First)											
B. Name of Individual (Last, First)	-			Number	[ 1						
Ceremonial Role  Other  Income     Ceremonial Role  Other  Income	l		the state of the s	of Ticket(s)/		identify one of the	following:				
Verification    Income   Incom	-		/	rasses			7				
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Passes					1						
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Passes  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Passes  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature Agency Head or Designee  Print Name  Title (month, day, year)											
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Passes  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Passes  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature Agency Head or Designee  Print Name  Title (month, day, year)	****	We if it is a second with the			_						
C. Name of Outside Organization (include address and description)  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  Title (month, day, year)					1						
Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  Inaction  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Title (month, day, year)					,, 550%	was a supply of the supply of					
Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  Inaction  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Describe the public purpose made pursuant to the agency's policy  Title (month, day, year)	-			Number							
Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)	(			of Ticket(s)/	Describe the	e public purpose made pui	suant to the agency's policy				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)	-			Passes							
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)											
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)		***************************************									
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)											
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Megan Moret  Ticket Administrator  5/11/18  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)											
Megan Moret Ticket Administrator 5/11/18  Signature of Agency Head or Designee Print Name Title (month, day, year)											
Megan Moret Ticket Administrator 5/11/18 Signature of Agency Head or Designee Print Name Title (month, day, year)	In	nave read and understand FPF	PC Regulations 18	944.1 and 18942. I	l have verified ti	hat the distribution set fo	orth above, is in accordance				
Signature Agency Head or Designee Print Name Title (month, day, year)	Wi	withe requirements									
(month, day, year)		11/1///				Ticket Administrator	5/11/18				
Comment:	1	Signature of Agency Head or Designer	e	Print Name		Title	(month, day, year)				
	С	omment:									

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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1.	Agency Name					Date Stamp	California OOO
	County of Los Angeles					,	Form 802
	Division, Department, or Regi	ion (if applicable)				1	For Official Use Only
	First District, Board of Super	rvisors					
	Designated Agency Contact (	(Name, Title)					-
	Megan Moret, Ticket Adminis	strator				Amendment ///	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Li Americanient (Must Pr	олоо Ехріанаціон ін тап з.)
	213.974.4111	mmoret@bos.	.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inforr	 mation	******	<del></del>		The state of the s	
	Does the agency have a tick		Yes IS	No □	Face Value of I	Each Ticket/Pass \$ 45	
	• •	• •	. UG <u>K</u>				
	Event Description: Dodgers	Provide Title	/ Explan	ation	Date(s)/		
	Ticket(s)/Pass(es) provided				If no: Dodgers		
	AAA. AAA. AAA.				<b>f</b>	Name of Source	
	Was ticket distribution made	at the behest	Yes [	] No 🗵	If yes:	Official's Name (Last, First)	<del></del>
	of agency official?						
3.	Recipients						
•	• Use Section A to identify the agend	cy's department or u	ınit. • T	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa			Number of Ticket(s)/ Passes		e public purpose made purs	-
	Staff				Per ticket pol	licy 5.3 (k)	
				2			
		<u></u>					
	B. Name of Indiv			Number of Ticket(s)/ Passes		Identify one of the fo	illowing:
						ionial Role Other Ing "Ceremonial Role" or "Other" desc	Income Cribe below:
					1	onial Role Other on "Other" description on the control of the cont	Income
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
		The state of the s		<u> </u>			
_	Verification				<u></u>		
	I have read and understand FPI	PC Regulations 1	18944	1 and 18949	I have verified to	hat the distribution set for	rth above, is in accordance
	with the requirements.		~~ <b>~</b> 7.	10042i	a.o roimou li	Grandadon Set 10:	, www.yo, io iii addonaande
	111111111111111111111111111111111111111	-	Meas	an Moret		Ticket Administrator	5/11/18
	Signature of Agency Head or Designe	ee	-	nt Name		Title	(month, day, year)
	-						***
	Comment:						

## **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213.974.4111 Date of Original Filing: mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes No No Event Description: Dodgers Date(s) \_\_4\_\_/\_ 15 / Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \_\_\_ income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| Megan Moret | Ticket Administrator | 5/11/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year)

Comment:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Comment: \_

	ncy Report of: emonial Role Ever	nts and Tick	et/P	ass Distr	ibutions	Δ	Public Document
1. Ag Co Div Firs	gency Name ounty of Los Angeles rision, Department, or Re- st District, Board of Supe	gion (if applicable) ervisors				Date Stamp	California 802 Form 801
	signated Agency Contact	,					
	egan Moret, Ticket Admir					Amendment (Must Pro	ovide Explanation in Part 3.)
	a Code/Phone Number 3.974.4111	E-mail mmoret@bos.	lacou	nty.gov		Date of Original Filing: _	(month, dav. vear)
2 Fu	inction or Event Info			-			(monin, day, year)
Do Eve Tic Wa	the agency have a ticket (s)/Pass(es) provided as ticket distribution made agency official?	ket policy?  S  Provide Title.  I by agency?	/ Explar Yes [	nation No 🐼 II	Face Value of Date(s) 4 Fno: Dodgers Fyes:	Each Ticket/Pass \$ 45  , 20 , 18  Name of Source  Official's Name (Last, First)	
	Recipients Use Section A to identify the age Name of Agency, Dep		nit. •	Use Section B to i Number of Ticket(s)/		ual. • Use Section C to identif	-
	itaff			Passes 2	Per ticket po		
— В	Name of Inc (Last, Fi	· ·	· ·	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
***************************************						onial Role  Other  Iiing "Ceremonial Role" or "Other" desc	Income [
					1	onial Role Other Other Ing "Ceremonial Role" or "Other" description	Income (
c	Name of Outside C (include address an			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
~{ hặi	rification ive read and understand FF	PPC Regulations 1	8944.	1 and 18942. I	have verified to	hat the distribution set for	th above, is in accordanc
	the regular finents.		_	an Moret		Ticket Administrator	5/11/18
P	ng manage or myelloy read or Desig	166	1-1	IL IAGUIG		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Dodgers Date(s) \_\_4 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role income Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

# 4. Verification Vhave read and understand #PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the reguirements. **Ticket Administrator** Megan Moret 5/11/18 Print Name Title (month, day, year) Comment: \_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213,974,4111 Date of Original Filing: mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodgers Date(s) 4 22 / Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🖾 If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other . Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulirements Megan Moret Ticket Administrator 5/11/18 of Agency Head or Designee Print Name (month, day, year)

Comment:

## **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Dodgers Date(s) \_\_4\_ Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \_\_\_ Income . If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description)

. Verification			
/ I have felad and understand RPPC Regula	ations 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordanc
Thave feed and understand RPPC Regulations with the regulirengents.			
V V V V V	Megan Moret	Ticket Administrator	5/11/18
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:			

## **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacountv.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☑ No ☐ Event Description: Dodgers Date(s) \_\_4\_\_/ Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other . Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\i	(N)			
1		Megan Moret	Ticket Administrator	5/11
ì	Signature of Agency Head or Designee	Print Name	Title	(month,

Comment:

4. Verification

/18

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U	erem	าดทา	al	Role	<b>Events</b>	and	Ticket/Pass	Distributions	

**A Public Document** 

I. Agency Name		Date Stamp	California OOO		
County of Los Angeles			Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only			
First District, Board of Supervisors	irst District, Board of Supervisors				
Designated Agency Contact (Name, Title)					
Megan Moret, Ticket Administrator	Amendment (Must Provid	la Evaluation in Part 2 )			
Area Code/Phone Number E-mail			o Explanation air air a.y		
213.974.4111 mmoret@bos.lac	ounty.gov	Date of Original Filing:	(month, day, year)		
2. Function or Event Information					
Does the agency have a ticket policy? Ye	s⊠ No	llue of Each Ticket/Pass \$ 45			
Event Description: Dodgers	Date(s)	4 , 25 , 18			
Provide Title/ Ex	planation				
Ticket(s)/Pass(es) provided by agency? Ye	s 🔲 No 🛛 Ifno: Do		······		
Mas tisket distribution made at the behant	s∏ No⊠ lfyes:_	Name of Source			
Was ticket distribution made at the behest Ye of agency official?	s∐ No⊠ " <sup>yes.</sup> —	Official's Name (Last, First)			
or agency omotion.					
Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit	Number	n individual. • Use Section C to identify a scribe the public purpose made pursuar			
Staff		ket policy 5.3 (k)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the follow	ving:		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe	Income D		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe	Income Delow:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	cribe the public purpose made pursuan	it to the agency's policy		
Verification I have read and understand FPPC Regulations 189 with the requirements.	14.1 and 18942. I have vi	erified that the distribution set forth a	above, is in accordance		
1 / /// / / M / X / M	egan Moret	Ticket Administrator	5/11/18		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
Comment:					